

Principles of First Aid

What is First Aid? It's the immediate care of an injured or suddenly sick casualty until more advanced care arrives.

The aims of first aid are to:

- **Preserve life** – This includes the life of rescuer, bystander and casualty.
- **Protect from further harm** – Ensure the scene is safe and avoid harmful intervention.
- **Prevent condition worsening** – Provide appropriate treatment.
- **Promote recovery** – Act quickly, provide comfort and reassurance, get help, call ☎.

Helping at an emergency may involve:

- Phoning for help •Comforting casualty or family •Keeping order at an emergency scene •Administering first aid

There are many ways you can help, but first you must decide to act.

Reasons why people do not help:

- Fear of doing something wrong •Fear of disease transmission •Uncertainty about the casualty •Nature of injury or illness (blood, vomit, burnt skin can be unpleasant) •Presence of bystanders (embarrassed to come forward or take responsibility)

You may need to compose yourself before acting. Do not panic – a calm and controlled first aider gives everyone confidence. If you follow basic first aid procedures, you should deliver appropriate care, even if you don't know what the underlying problem is. Remember, at an emergency scene, your help is needed.

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Legal Issues

No 'Good Samaritan' or volunteer in Australia has ever been successfully sued for the consequences of rendering assistance to a person in need. A 'Good Samaritan' is a person acting in 'good faith' without the expectation of financial or other reward.

Duty of care: In a workplace environment there is an automatic duty of care to staff and customers - a failure to act in a way that is consistent with an obligation to provide reasonable assistance, to the best of our ability, may result in negligence and possible litigation. In the community, you are under no legal obligation to provide first aid.

Consent: Before providing first aid, you must first gain consent from the casualty. If the casualty refuses help, you must respect their decision. If the casualty is unresponsive or of unsound mind and therefore unable to give consent, it is assumed they would give consent if they were conscious and/ or orientated. If the casualty is a child, the parent/ guardian should be asked permission, but if no parent/guardian is present and the injury/illness is life-threatening, immediate first aid should be given.

Confidentiality: Personal information about the health of a casualty is confidential. This information includes details of medical conditions, treatment provided and the results of tests. Disclosure of personal information, without the person's written consent is unethical and in some cases may be illegal.

Communication

The role of the first aider depends on gaining and honouring the trust of casualties. Maintaining trust requires attentiveness to body language, quality of listening and finding culturally appropriate ways of communicating that are courteous and clear. It may sometimes be necessary to communicate through verbal and non-verbal communication and you may need to identify issues that may cause conflict or misunderstanding. The first aider also needs to maintain respect for privacy and dignity and pay careful attention to client consent and confidentiality.

DRSABCD action plan

In an emergency call triple zero (000) for an ambulance



D DANGER

Ensure the area is safe for yourself, others and the patient.

R RESPONSE

Check for response—ask name—squeeze shoulders

No response

- Send for help.

Response

- make comfortable
- check for injuries
- monitor response.



S SEND for help

Call Triple Zero (000) for an ambulance or ask another person to make the call.

A AIRWAY

Open mouth—if foreign material is present:

- place in the recovery position
- clear airway with fingers.

Open airway by tilting head with chin lift.



B BREATHING

Check for breathing—look, listen and feel.

Not normal breathing

- Start CPR.

Normal breathing

- place in recovery position
- monitor breathing
- manage injuries
- treat for shock.



C CPR

Start CPR—30 chest compressions : 2 breaths

Continue CPR until help arrives or patient recovers.



D DEFIBRILLATION

Apply defibrillator if available and follow voice prompts.

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HEAT-INDUCED CONDITIONS

Managing heat-induced conditions



Signs & symptoms

- feeling hot, exhausted, weak and fatigued
- persistent headache
- thirst and nausea
- giddiness and faintness
- rapid breathing and shortness of breath
- pale, cool, clammy skin
- rapid, weak pulse
- high body temperature of 40°C or more
- flushed and dry skin
- irritability and mental confusion which may progress to seizure and unconsciousness

WARNING

Heatstroke is potentially life-threatening. The first aider must act urgently.

Management

Heat exhaustion

1. **Move the patient to lie down**
 - in a cool place with circulating air
2. **Loosen tight clothing**
 - remove unnecessary garments
3. **Sponge with cool water**
4. **Give fluids to drink if conscious**
5. **Seek medical aid**
 - if patient vomits or does not recover quickly

Heatstroke

1. **Follow DRSABCD**
2. **Apply cold packs or wrapped ice:**
 - to neck, groin and armpits
3. **Cover with wet sheet**
4. **Ensure an ambulance has been called — triple zero (000)**
5. **Give water if patient is**
 - full conscious and able to swallow
6. **Seek medical aid**
 - if person has a seizure or becomes unconscious.

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SPRAINS & STRAINS

Managing sprains and strains



Signs & symptoms

Sprain

- intense pain
- restricted mobility
- swelling and bruising around injury joint develops quickly

Strain

- sharp, sudden pain in the injury region
- loss of power
- tender muscle

NOTE

If there is a lot of pain, manage the injury as a fracture and seek medical aid.

Management

1. **Follow DRSABCD**
2. **Follow the RICE management plan**
 - **REST** the patient and the injured part
 - **ICEPACKS** (cold compress) wrapped in a wet cloth may be applied to the injury for 15 minutes every 2 hours for 24 hours, then for 15 minutes every 4 hours for 24 hours
 - Apply **COMPRESSION** elastic bandage firmly to extend well beyond the injury
 - **ELEVATE** the injured part
3. **Seek medical aid**

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SNAKE BITE

Managing a snake bite



Signs & symptoms

- puncture marks or scratches
- nausea, vomiting and diarrhoea
- headache
- double or blurred vision
- drooping eyelids
- bleeding from the site
- breathing difficulties
- drowsiness, giddiness or faintness
- problems speaking or swallowing
- pain in the throat, chest or abdomen
- respiratory weakness or arrest
- dark urine

WARNING

DO NOT wash venom off the skin

DO NOT cut the bitten area

DO NOT try to suck venom out of wound

DO NOT use a tourniquet

DO NOT try to catch the snake

Management

1. Follow DRSABCD

2. Rest and reassure the patient

3. Apply a broad pressure bandage

- (preferably crepe) over the bite site as soon as possible.

4. Apply a pressure immobilisation bandage

- apply a firm heavy crepe or elasticised roller bandage
- start just above the fingers or toes, and move upwards on the limb as far as can be reached (include the snake bite)
- apply tightly without stopping blood supply to the limb.

5. Splint the bandaged limb

6. Ensure the patient does not move

7. Write down the time of the bite and when the bandage was applied

- stay with the patient.
- check circulation in fingers or toes

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FRACTURES & DISLOCATIONS

Managing fractures & dislocations



Signs & symptoms

- pain at or near the site of the injury
- difficult or impossible normal movement
- loss of power
- deformity or abnormal mobility
- tenderness
- swelling
- discolouration and bruising

NOTE

- DO NOT attempt to force a fracture or dislocation back into place—this could cause further injuries.
- It can be difficult for a first aider to tell whether the injury is a fracture, dislocation, sprain or strain. If in doubt, always treat as a fracture.
- If collarbone is fractured, support arm on injured side in a St John sling
- If dislocation of a joint is suspected, rest, elevate and apply ice to joint

Management

1. Follow DRSABCD

2. Control any bleeding and cover any wounds

3. Check for fractures

- open, closed or complicated

4. Ask patient to remain as still as possible

5. Immobilise fracture:

- use broad bandages (where possible) to prevent movement at joints above and below the fracture
- support the limb, carefully passing bandages under the natural hollows of the body
- place a padded splint along the injured limb (under leg for fractured kneecap)
- place padding between the splint and the natural contours of the body and secure firmly
- check that bandages are not too tight (or too loose) every 15 minutes.

6. For leg fracture, immobilise foot and ankle

- use Figure of Eight bandage

7. Watch for signs of loss of circulation to hands and feet

8. Ensure an ambulance has been called — triple zero (000)

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BURNS & SCALDS

Managing burns and scalds

WARNING

DO NOT apply lotions, ointment or fat to burns.

DO NOT touch injured areas or burst any blisters.

DO NOT remove anything sticking to the burn.

Manage patient for **SHOCK** if burn is large or deep.

SEEK MEDICAL AID URGENTLY IF:

- burn is deep, even if patient does not feel any pain.
- a superficial burn is larger than a 20 cent piece.
- the burn involves airway, face, hands or genitals.
- you are unsure of the severity of the burn.

Management

1. Follow DRSABCD.

2. Extinguish burning clothing:

- STOP DROP AND ROLL
 - ▼ pull patient to ground
 - ▼ wrap in blanket, jacket or similar
 - ▼ roll patient along ground until flames extinguished.

- if a scald, quickly remove patient's wet clothing from affected area.

3. Hold burnt area under cold running water for 20 minutes, for:

- thermal
- scalds
- chemical
- bitumen
- electrical.

4. Remove jewelry and clothing from burnt area unless stuck to the burn.

5. Cover burn with a non-adherent dressing.

- or aluminium foil, plastic wrap, or a wet clean dressing.

6. Extensive burns are dangerous and may be fatal.

HYPOTHERMIA

Managing hypothermia (cold-induced condition)



Signs & symptoms

Early warning signs may include:

- feeling cold
- shivering
- clumsiness and slurred speech
- apathy and irrational behaviour.

As body temperature drops:

- shivering usually ceases
- pulse may be difficult to find
- heart rate may slow
- level of consciousness continues to decline.

At around 30°C body temperature:

- unconsciousness is likely
- heart rhythm is likely to change.

As the body temperature falls further the heart may arrest, resulting in death.

WARNING

Call triple zero (000) for an ambulance if:

- level of consciousness declines,
- shivering stops, or
- pulse is difficult to find.

Management

1. Follow DRSABCD

2. Remove the patient to a warm, dry place

3. Protect the patient and yourself

- from wind, rain, sleet, cold, wet ground.

4. Handle the patient as gently as possible

- and avoid excess activity or movement

5. Keep the patient in a horizontal position.

6. Remove wet clothing

7. Warm the patient

- Place between blankets, in a sleeping bag, or wrap in a thermal/space blanket or similar, and cover the head to maintain body heat.

- hot water bottles, heat packs may be applied to the patient's neck, armpits and groin.

8. Give patient warm drinks if conscious

- (NOT alcohol).

9. Provide warmth to the patient

- Aim to stabilise core temperature rather than attempt rapid rewarming.
- DO NOT use radiant heat such as fire or electric heaters.
- DO NOT rub affected areas.

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SEVERE BLEEDING

Managing severe bleeding



WARNING

- Wear gloves, if possible, to prevent infection.
- If patient becomes unconscious, follow DRSABCD.
- If embedded object in wound, apply pressure either side of wound and place pad around the object before bandaging.
- DO NOT apply a tourniquet. (In extreme cases of blood loss due to trauma involving a limb, a tourniquet may be considered.)

Management

1. Apply pressure to the wound

- remove or cut patient's clothing to expose wound
- apply direct pressure over wound — instruct patient to do this if possible
- if patient is unable to apply pressure, apply pressure using a pad or your hands (use gloves if available)
- squeeze the wound edges together if possible

2. Raise and support injured part

- lie patient down
- raise injured part above level of heart
- handle gently if you suspect a fracture

3. Bandage wound

- apply a pad over the wound if not already in place
- secure with bandage — ensure pad remains over wound
- if bleeding is still not controlled, leave initial pad in place and apply a second pad — secure with bandage
- if bleeding continues, replace second pad and bandage

4. Check circulation below wound

5. If severe bleeding persists—nil by mouth

6. Call triple zero (000) for an ambulance

7. Treat for shock

GALILED FIRST AID WORKSHOP



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